

PLAN TO STAY IN BUSINESS	If this location is not accessible we will operate from location below:	
Business Name	Business Name	
Address	Address	
City, State	City, State	
Telephone Number	Telephone Number	
The following person is our primary crisis manager and will serve as the company spokesperson in an emergency.	If the person is unable to manage the crisis, the person below will succeed in management:	
Primary Emergency Contact	Secondary Emergency Contact	
Telephone Number	Telephone Number	
Alternative Number	Alternative Number	

### **EMERGENCY CONTACT INFORMATION**

Dial 9-1-1 in an Emergency

**Non-Emergency Police/Fire** 

**Insurance Provider** 



#### **BE INFORMED**

The following natural and man-made disasters could impact our business.

- 0
- o \_\_\_\_\_ o \_\_\_\_\_
- 0

### EMERGENCY PLANNING TEAM

The following people will participate in emergency planning and crisis management.

0 \_\_\_\_\_\_ 0 \_\_\_\_\_\_ 0 \_\_\_\_\_\_ 0 \_\_\_\_\_\_

### **WE PLAN TO COORDINATE WITH OTHERS**

The following people from neighboring businesses and our building management will participate on our emergency planning team.

0 \_\_\_\_\_ 0 \_\_\_\_\_ 0 \_\_\_\_\_ 0 \_\_\_\_\_ 0 \_\_\_\_\_

### **OUR CRITICAL OPERATIONS**

The following is a prioritized list of our critical operations, staff and procedures we need to recover from a disaster.

Operation	Staff in Charge	Action Plan



### **SUPPLIERS AND CONTRACTORS**

Company Name:			
Street Address:			
City:	State:	Zip Code:	
Phone:	Fax:	_E-Mail:	
Contact Name:	Account	Number:	
Materials/Service Pro	ovided:		-
	•	, we will obtain supplies/	naterials from the following:
Street Address:			
City:	State:	Zip Code:	
Phone:	Fax:	_E-Mail:	
Contact Name:	Account	Number:	
Materials/Service Pro	ovided:		-
1 0		, we will obtain supplies/	naterials from the following:
Street Address:			
City:	State:	Zip Code:	
Phone:	Fax:	_E-Mail:	
Contact Name:	Account	Number:	
Materials/Service Pro	ovided <sup>.</sup>		



EVACUATION PLAN FOR	
	(Insert address)
<ul> <li>o We have developed these plans in coll and building owners to avoid confusion</li> <li>o We have located, copied and posted but o Exits are clearly marked.</li> </ul>	on or gridlock. uilding and site maps.
o We will practice evacuation procedure	es times a year.
If we must leave the workplace quickly:	
1. Warning System:	
We will test the warning system and record re	esults times a year.
2. Assembly Site:	
3. Assembly Site Manager & Alternate:	
a. Responsibilities Include:	
4. Shut Down Manager & Alternate:	
a. Responsibilities Include:	
5 is responsible	for issuing all clear.



SHELTER-IN-PLACE PLAN FOR				
(Insert address)				
<ul> <li>We have talked to co-workers about which emergency supplies, if any, the compan will provide in the shelter location and which supplies individuals might consider keeping in a portable kit personalized for individual needs.</li> <li>We will practice shelter procedures times a year.</li> </ul>				
If we must take shelter quickly				
1. Warning System:				
We will test the warning system and record results times a year.				
2. Storm Shelter Location:	-			
3. "Seal the Room" Shelter Location:	_			
4. Shelter Manager & Alternate:				
a. Responsibilities Include:				
5. Shut Down Manager & Alternate:				
a. Responsibilities Include:				
6is responsible for issuing all clear.				



#### **COMMUNICATIONS**

We will communicate our emergency plans with co-workers in the following way:

In the event of a disaster we will communicate with employees in the following way:

### **CYBER SECURITY**

To protect our computer hardware, we will:

To protect our computer software, we will:

If our computers are destroyed, we will use back-up computers at the following location:

### **RECORDS BACK-UP**

\_\_\_\_\_\_ is responsible for backing up our critical records including payroll and accounting systems.

Back-up records including a copy of this plan, site maps, insurance policies, bank account records and computer back ups are stored onsite \_\_\_\_\_\_.

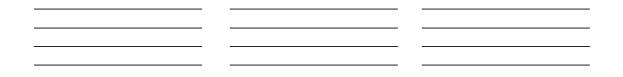
Another set of back-up records is stored at the following off-site location:

If our accounting and payroll records are destroyed, we will provide for continuity in the following ways:



#### EMPLOYEE EMERGENCY CONTACT INFORMATION

The following is a list of our co-workers and their individual emergency contact information:



#### □ ANNUAL REVIEW

We will review and update this business continuity and disaster plan in \_\_\_\_\_\_.